



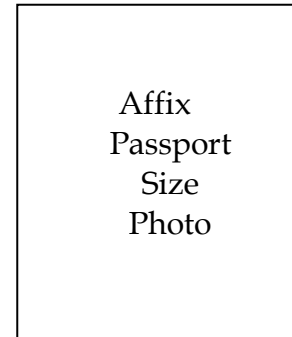
INSPIRE INTERNSHIP - 2024
(Innovation In Science Pursuit for Inspired Research)
[An Initiative of DST, Govt. of India]
Venue: DAV COLLEGE BATHINDA



1. Name of the Student: _____
2. Father's Name: _____
3. Contact Number of Student: _____
4. Email Id of Student: _____
5. Gender (Male / Female): _____
6. Contact Number of Parents: _____
7. Address of the student for correspondence: _____

8. Name of the board from which matriculation was done: _____
9. % age of Marks in Class X Board Exams: _____ *(Attach attested copy of class X mark sheet)*
10. Class and stream currently studying (XI or XII): _____
11. Name & Address of the School of present study: _____

12. Contact Number of the Principal: _____ Email Id: _____
13. Name of accompanying Teacher (If any): _____
14. Contact Number of Teacher In charge _____ Email Id: _____
15. Accommodation Required (Yes/No): _____



Affix
Passport
Size
Photo

Signature of Student

Declaration by the Parent / Guardian

I _____ Father/Mother/Guardian of _____ hereby give my consent to my ward to attend 5-day DST Inspire Science Camp to be organized from 27th to 31st August 2024 at DAV College, Bathinda. My ward will strictly adhere to all the instructions given to him/her time to time during the camp and will be present on all the five days of the camp.

Signature of Parent

Endorsement by the Principal

It is certified that the above said student has not attended any DST Inspire Internship Camp anywhere in India till date and the above facts are true, as per the school records.

Signature of the Principal along with seal



QR Code for Online Registration